

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.
109546971
APPLICANT(S)

FILING DATE
9/11/01

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50						
TOTAL IND.	2		1			
TOTAL DEP.	97		1			
TOTAL	99		1			

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100						
TOTAL IND.	1		1			
TOTAL DEP.	1		1			
TOTAL	1		1			